

ONE TIME ONLY LAND SPLIT APPLICATION

The planning staff is available to discuss this application and answer questions. The Planning Administrator shall review the completed application and may approve or disapprove it.

To expedite the review of your application, please be sure to address each of the following items.

SECTION I: PERSONAL AND PROPERTY RELATED DATA

Owner:					
Applicant:E-mail:					
Phone: () Mailing Address:					
City:State:	Zip Code:				
Location and Zoning District:					
Address: Parcel	Parcel Number:				
Section:Township:Range:Total	Acreage:				
Zoning District: Proposed Lot Sizes: Parcel one	Parcel two				
	idavit of Legal Interest inty Road or Highway Access Permit				
I, the undersigned, understand that the items listed below are required for my application to be considered complete and for it to be scheduled on the agenda for the Planning and Zoning Commission public meeting.					
Applicant Signature:	Date:				
I, the undersigned, am the owner of the referenced property and do hereby give my permission to					
Owner Signature:	Date:				

SECTION II: ITEMS REQUIRED

- 1. Narrative of the purpose of the land split
- **2.** Plat of Survey labeled "One Time Only Split of One Parcel of Land":
 - Drawn to scale
 - Legal description
 - Stamped by a licensed land surveyor
 - Date of survey
 - Adequate access easements for each parcel
 - Each parcel labeled with acreage shown
- **3.** Two unrecorded deeds with the following restriction, "The two lots created by this split shall not be split or divided further without full compliance of the provision of Titles 8 and 9 of the Teton County, Idaho Code."

SECTION III: STAFF SUMMARY ANALYSIS, REASONING AND FACT FINDING

SECTION IV: PLANNING ADMINISTRATOR/DESIGNEE REVIEW/ACTION						
		Application is approved		Application is disapproved		
Planning Adm	inistrator	/Designee Signature:		Date:		